

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-03				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-W-10-016			Contract Period   08/09/2010   To   07/31/2017 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name HRS Revisions				
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   11/09/2010   To   07/31/2011				
Comments: Work Assignment Initiation; 9,747 LOE authorized. In accordance with the Work Assignments clause of the contract, the contractor shall submit a work plan and cost estimate.										
<input checked="" type="checkbox"/> Superfund    Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 0				
08/09/2010 To 07/31/2017										
This Action:						9,747				
Total:						9,747				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name   David Yogi  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number   703-347-8835 FAX Number:				
Project Officer Name   Crystal Gatson  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: 703-603-9023 FAX Number:				
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: FAX Number:				
Contracting Official Name   Eric Schermerhorn  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: 202-564-6095 FAX Number:				

**Performance Work Statement**  
**Work Assignment Number: 1-03**

**I. ADMINISTRATIVE**

**A. Title: HRS Revisions**

**B. Work Assignment Manager:** David Yogi

**Alternate Work Assignment Manager:** Terry Jeng

**II. OBJECTIVE**

This work assignment provides additional hours for supporting the Agency in its effort to revise the Hazard Ranking System. To accomplish such, a new work assignment with two subtasks was created.

EPA anticipates that the work on WA 1-01 and WA 1-02 will continue as described in Work Plans.

The contractor shall support OSRTI in revising or modifying the HRS, and support OSRTI in developing alternative ranking systems if EPA believes revisions is necessary. In general, the contractor shall support OSRTI to:

- Develop and/or analyze technical revisions to the HRS;
- Provide technical background studies;
- Support OSRTI in workgroup deliberations as technical experts on the HRS;
- Respond to public comments;
- Develop a legal defense of the revised HRS; and
- Review petition(s) to determine if technical issues are accurate.

For planning purposes, the contractor should anticipate that work for this task will vary, though LOE for this task should range from 8,000-10,000 hours for the performance period.

**Task 1: Support Revision of HRS for Vapor Intrusion**

EPA requests the contractor support EPA in its effort to revise the Hazard Ranking System to include Vapor Intrusion. As part of this effort, EPA may request the contractor offer possible schedules for the completion of the initiative, a framework for creating the pathway, status reports on work being completed on the revisions, and any other related deliverables to be determined necessary after future deliberation. Additionally, EPA requests the contractor attend any meetings deemed relevant by the WAM.

*Assumption:* Work for Task 1 shall not exceed an estimated 6,140 hours for this period of performance.

**Task 2: Support Potential Revision of HRS for: Fire and Explosion Exposure Pathway, Soil Screening Benchmark for Lead; Threats Posed to Sensitive Communities (including tribal considerations)**

EPA requests the contractor provide general support (e.g., drafting possible approaches for creating pathways, conducting background research, responding to public comments) for revising the HRS each of the listed three items, and provide support developing and implementing a community outreach strategy and related reports on the following items:

- fire and explosion exposure pathway
- soil screening benchmark for lead
- threats posed to sensitive communities

*Assumption:* As work for Task 2 is anticipated to be completed at a slower pace than **Task 1**, it should be anticipated that, for estimation purposes, work for each of the three items for **Task 2** shall not exceed, approximately, 25% of the total effort needed to complete task work. Note: Total effort to complete task work has yet to be defined.

### **III. SCHEDULE OF DELIVERABLES**

The deliverables shall be due as stated below. The contractor shall provide the WAM all deliverables and drafts in electronic format only. Electronic files must also be provided upon completion of the work assignment.

#### **Due Date**

##### **Subtask 1**

Deliverable due dates will be negotiated with contractor prior to the start of work either verbally or via TDD, issued by either WAM or alternate.

##### **Subtask 2**

Deliverable due dates will be negotiated with contractor prior to the start of work either verbally or via TDD, issued by either WAM or alternate.

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-03				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-W-10-016			Contract Period 08/09/2010 To 07/31/2012			Title of Work Assignment/SF Site Name				
			Base <input checked="" type="checkbox"/> Option Period Number							
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 11/09/2010 To 07/31/2011					
Comments: The purpose of this amendment is to approve the contractor's Work Plan and Cost Estimate dated November 29, 2010.										
<input checked="" type="checkbox"/> Superfund    Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE: 9,747						
08/09/2010 To 07/31/2012										
This Action:				0						
Total:				9,747						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name David Yogi							Branch/Mail Code:			
							Phone Number 703-347-8835			
(Signature) _____ (Date) _____							FAX Number:			
Project Officer Name Crystal Gatson							Branch/Mail Code:			
							Phone Number: 703-603-9023			
(Signature) _____ (Date) _____							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
							Phone Number:			
(Signature) _____ (Date) _____							FAX Number:			
Contracting Official Name Eric Schermerhorn							Branch/Mail Code:			
							Phone Number: 202-564-6095			
(Signature) _____ (Date) _____							FAX Number:			

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-03				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000002				
Contract Number EP-W-10-016			Contract Period 08/09/2010 To 07/31/2012 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name				
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 08/09/2010 To 07/31/2012					
Comments:										
<input checked="" type="checkbox"/> Superfund    Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
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4										
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Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:			LOE:					
08/09/2010 To 07/31/2012										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name David Yogi  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number 703-347-8835 FAX Number:			
Project Officer Name Emily Johnson  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 703-603-8764 FAX Number:			
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name Eric Schermerhorn  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 202-564-6095 FAX Number:			

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-03				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000003				
Contract Number EP-W-10-016			Contract Period   08/09/2010   To   07/31/2012 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name WA 1-03 HRS Revisions				
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   08/09/2010   To   07/31/2012				
Comments: The purpose of this amendment is to increase LOE by 7,652 hours and request a work plan and cost estimate in accordance with the Work Assignments clause. The scope of work is unchanged and ongoing.										
<input checked="" type="checkbox"/> Superfund    Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE: 9,747						
08/09/2010 To 07/31/2012										
This Action:				7,652						
Total:				17,399						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name   David Yogi							Branch/Mail Code:			
_____ (Signature)    (Date)							Phone Number   703-347-8835			
							FAX Number:			
Project Officer Name   Emily Johnson							Branch/Mail Code:			
_____ (Signature)    (Date)							Phone Number: 703-603-8764			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature)    (Date)							Phone Number:			
							FAX Number:			
Contracting Official Name   Eric Schermerhorn							Branch/Mail Code:			
_____ (Signature)    (Date)							Phone Number: 202-564-6095			
							FAX Number:			

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-03				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000004				
Contract Number EP-W-10-016			Contract Period 08/09/2010 To 07/31/2012 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name				
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 08/09/2010 To 07/31/2012					
Comments:										
<input checked="" type="checkbox"/> Superfund    Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:			LOE:					
08/09/2010 To 07/31/2012										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name David Yogi  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number 703-347-8835 FAX Number:			
Project Officer Name Emily Johnson  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 703-603-8764 FAX Number:			
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name Eric Schermerhorn  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 202-564-6095 FAX Number:			

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-03				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000005				
Contract Number EP-W-10-016			Contract Period 08/09/2010 To 07/31/2012			Title of Work Assignment/SF Site Name				
			Base <input checked="" type="checkbox"/> Option Period Number			1-03				
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 08/09/2010 To 07/31/2012					
Comments: The purpose of this amendment is to reduce the estimated Level of Effort by 2,500 hours and to request a revised cost estimate for the Work Assignment. The overall scope of work remains unchanged.										
<input checked="" type="checkbox"/> Superfund                      Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 0				
08/09/2010 To 07/31/2012										
This Action:						14,899				
Total:						14,899				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name David Yogi						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number 703-347-8835				
						FAX Number:				
Project Officer Name Emily Johnson						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 703-603-8764				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Eric Schermerhorn						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 202-564-6095				
						FAX Number:				



<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-03				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000006				
Contract Number EP-W-10-016			Contract Period 08/09/2010 To 07/31/2012			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number    1			HRS Revisions				
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 08/09/2010 To 07/31/2012					
Comments: The purpose of this Amendment is to descope the Contractor's Work Plan dated 04/02/12. Approved LOE for the amendment is -2,500 hours, and -\$232,302.26. The Total LOE is now 14,899 and a Total Cost of \$1,300,731.82 (Cost (b)(4) and Fee is now (b)(4))										
<input checked="" type="checkbox"/> Superfund                      Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2)    22										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE: 14,899						
08/09/2010 To 07/31/2012										
This Action:				0						
Total:				14,899						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name David Yogi							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number 703-347-8835			
							FAX Number:			
Project Officer Name Emily Johnson							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number: 703-603-8764			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number:			
							FAX Number:			
Contracting Official Name James Langan							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number: 202-564-2227			
							FAX Number:			

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <h1 style="margin: 0;">EPA</h1> </div> <div style="text-align: center;"> <p>United States Environmental Protection Agency Washington, DC 20460</p> <h2 style="margin: 0;">Work Assignment</h2> </div> </div>		<p>Work Assignment Number 1-03</p> <p><input type="checkbox"/> Other    <input checked="" type="checkbox"/> Amendment Number: 000007</p>								
Contract Number EP-W-10-016		Contract Period 08/09/2010 To 07/31/2012								
Base <input checked="" type="checkbox"/> Option Period Number		Title of Work Assignment/SF Site Name HRS revisions								
Contractor COMPUTER SCIENCES CORPORATION		Specify Section and paragraph of Contract SOW								
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval		Period of Performance  From 08/09/2010 To 07/31/2012								
Comments: The purpose of this amendment is to increase the LOE by 403 hours to support all ongoing tasks in the work assignment through the end of the Base Period. In accordance with the Work Assignments Clause, the contractor is hereby requested to submit a cost estimate for this LOE increase.										
<input checked="" type="checkbox"/> Superfund		Accounting and Appropriations Data								
<input type="checkbox"/> Non-Superfund										
SFO (Max 2) <span style="border: 1px solid black; padding: 2px 10px;">22</span>		Note: To report additional accounting and appropriations date use EPA Form 1900-69A.								
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period: 08/09/2010 To 07/31/2012		Cost/Fee:		LOE: 14,899						
This Action:				403						
Total:				15,302						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name David Yogi							Branch/Mail Code:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>(Signature)</div> </div> <div style="width: 45%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>(Date)</div> </div> </div>							Phone Number 703-347-8835			
							FAX Number:			
Project Officer Name Emily Johnson							Branch/Mail Code:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>(Signature)</div> </div> <div style="width: 45%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>(Date)</div> </div> </div>							Phone Number: 703-603-8764			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>(Signature)</div> </div> <div style="width: 45%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>(Date)</div> </div> </div>							Phone Number:			
							FAX Number:			
Contracting Official Name James Langan							Branch/Mail Code:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>(Signature)</div> </div> <div style="width: 45%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>(Date)</div> </div> </div>							Phone Number: 202-564-2227			
							FAX Number:			

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-03				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000008				
Contract Number EP-W-10-016			Contract Period 08/09/2010 To 07/31/2012 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name WA 1-03 HRS Revisions				
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From 08/09/2010 To 07/31/2012				
Comments: This amendment approves the cost estimate dated 05/30/2012 in the amount of \$32,635.45										
<input checked="" type="checkbox"/> Superfund    Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE: 15,302						
08/09/2010 To 07/31/2012										
This Action:				0						
Total:				15,302						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name David Yogi  _____ (Signature) (Date)							Branch/Mail Code: Phone Number 703-347-8835 FAX Number:			
Project Officer Name Emily Johnson  _____ (Signature) (Date)							Branch/Mail Code: Phone Number: 703-603-8764 FAX Number:			
Other Agency Official Name  _____ (Signature) (Date)							Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name James Langan  _____ (Signature) (Date)							Branch/Mail Code: Phone Number: 202-564-2227 FAX Number:			

EPA United States Environmental Protection Agency Washington, DC 20460						Work Assignment Number 1-03					
Work Assignment						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000009					
Contract Number EP-W-10-016			Contract Period 08/09/2010 To 07/31/2012			Title of Work Assignment/SF Site Name					
Base X			Option Period Number								
Contractor COMPUTER SCIENCES CORPORATION					Specify Section and paragraph of Contract SOW						
Purpose:					<input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out					Period of Performance	
<input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding											
<input type="checkbox"/> Work Plan Approval										From 08/09/2010 To 07/31/2012	
Comments:											
<input checked="" type="checkbox"/> Superfund                      Accounting and Appropriations Data <input type="checkbox"/> Non-Superfund											
SFO (Max 2) <input type="text"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A.											
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)	
1											
2											
3											
4											
5											
Authorized Work Assignment Ceiling											
Contract Period: 08/09/2010 To 07/31/2012 Cost/Fee: LOE:											
This Action:											
Total:											
Work Plan / Cost Estimate Approvals											
Contractor WP Dated: Cost/Fee: LOE:											
Cumulative Approved: Cost/Fee: LOE:											
Work Assignment Manager Name David Yogi							Branch/Mail Code:				
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"><div>(Signature)</div><div>(Date)</div></div>							Phone Number 703-347-8835				
							FAX Number:				
Project Officer Name Emily Johnson							Branch/Mail Code:				
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"><div>(Signature)</div><div>(Date)</div></div>							Phone Number: 703-603-8764				
							FAX Number:				
Other Agency Official Name							Branch/Mail Code:				
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"><div>(Signature)</div><div>(Date)</div></div>							Phone Number:				
							FAX Number:				
Contracting Official Name James Langan							Branch/Mail Code:				
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"><div>(Signature)</div><div>(Date)</div></div>							Phone Number: 202-564-2227				
							FAX Number:				